

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention**

**Guidance for Applicants (GFA) No. SP-01-006
Part I - Programmatic Guidance**

REVISED

**Targeted Capacity Expansion Initiatives for
Substance Abuse Prevention (SAP) and HIV Prevention (HIVP)
in Minority Communities**

Short Title: Minority HIV Prevention Initiatives

**Application Due Date:
July 10, 2001**

Ruth Sanchez-Way, Ph.D.
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health
Services Administration

Joseph H. Autry III, M.D.
Acting Administrator
Substance Abuse and Mental Health
Services Administration

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Action and Purpose

SAMHSA, the Center for Substance Abuse Prevention (CSAP) announces the availability of Fiscal Year (FY) 2001 grant funds for three distinct Targeted Capacity Expansion Initiatives for Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) in Minority Communities. Funds are available for expanding the capacity of community-based organizations (CBOs) that serve predominantly racial and ethnic minority populations that are disproportionately impacted by the HIV/AIDS epidemic. These funds will allow grantees to establish the infrastructure necessary for providing sustained SAP and HIVP services in their communities. This can be achieved through the development of leadership, collaborations, coalitions, and partnerships. The FY2001 Minority SAP and HIVP Prevention Initiatives Program responds to the health emergency in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities described by the Congressional Black Caucus. It includes three targeted initiatives:

(1) Grants to Plan for the Establishment of New SAP and HIVP Services:

This initiative supports non-profit CBOs in their efforts to establish the infrastructure

and leadership necessary for providing effective SAP and HIVP and other related services in minority communities. Funds will support planning efforts that will mobilize the community to increase access to effective SAP and HIVP services for the targeted minority community.

Approximately \$4 million will be available for 45 awards. The average award should range from \$75,000 to \$100,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

Awards may be requested for 1 year.

(2) Cooperative Agreements to Expand Current Service Delivery Systems to Include Substance Abuse Prevention, HIV Prevention, and Primary Health Care Services:

This initiative supports non-profit CBOs in their efforts to expand current service delivery systems to include effective, integrated¹ SAP, HIVP, and primary health care services. Funds will support the development of new services and the integration of existing services in order to establish comprehensive systems of care for minority communities that are culturally-competent. **At a minimum, applicants must provide integrated substance abuse**

¹ For the purposes of this GFA, “integrating” means developing a services system which provides clients with a full range of comprehensive services which are accessible from any one point in the services system and are coordinated with other services. Effective integration should provide clients with “seamless” delivery of the full range of culturally-competent SAP, HIVP, and other related services required.

prevention and HIV prevention services to their targeted community. While applicants may also utilize these funds to integrate primary health care services into SAP and HIVP services, funds are not to be utilized for the actual provision of primary health care services.

Approximately \$8.6 million will be available for 20 awards. The average award should range from \$300,000 to \$500,000 per year in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

Awards may be requested for up to 3 years. Annual continuation awards depend on the availability of funds and progress achieved.

(3) Cooperative Agreements for Youth-Serving Community Organizations to Integrate Substance Abuse Prevention and HIV Prevention for Youth:

This initiative supports youth-serving CBOs in their efforts to expand their current service delivery to youth to include effective integrated SAP and HIVP services. Funds may support the development of programs for expanding existing programs as well as implementing new programs, provided they demonstrate effective, integrated SAP and HIVP services for youth.

Approximately \$4 million will be available for 12-15 awards. The average award should range from \$250,000 to \$300,000 per year in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

Awards may be requested for up to 3

years.

Annual continuation awards depend on the availability of funds and progress achieved.

Background

Reports of HIV infection in the United States suggest that more than 50 percent of new HIV infection cases are directly or indirectly related to injecting drug use. Injection drug use accounts for approximately 66 percent of the reported AIDS cases among women; 61 percent of the reported pediatric AIDS cases; and 30 percent of total male AIDS cases. Further, being under the influence of alcohol and/or drugs, and/or having a mental illness, greatly increases an individual's likelihood of engaging in unsafe sex practices, including having multiple sex partners that can lead to transmitting HIV.

The fragmented delivery of services often places the burden on the client to secure services from various places. The complications related to access, probable lack of availability and frequent inappropriate services restricts the quality of care. All too often, care is limited to the point of entry into the service system. The devastating effect of receiving an HIV positive test result or an AIDS diagnoses among substance-abusing populations coupled with the difficulty of accessing substance abuse treatment, primary care and mental health services, has prompted a need for comprehensive services designed to meet complex needs of this often marginalized and stigmatized population. This underscores the urgency in addressing the dual epidemics of substance abuse and HIV/AIDS. There should be "no wrong

door" for people with HIV/AIDS or at risk for HIV infection due to their substance abuse or mental health problems to receive effective services for their physical and behavioral health problems.

In addition to the typical issues and barriers related to HIV/AIDS, people of color must also confront the stereotype that AIDS is a gay male disease. Traditional services have not been culturally-appropriate or gender-specific for heterosexual drug-users who may be people of color. However, they are an important consideration since HIV/AIDS is increasing most rapidly among people of color. In fact, African-American and Latinos have higher prevalence rates than whites. HIV/AIDS is the number one cause of death among African-Americans between the ages of 25 and 44 and has now surpassed tuberculosis and malaria as the leading infectious cause of death. The status of HIV/AIDS in the African-American and Hispanic communities is a severe and on-going crisis.

Congresswoman Waters in a letter to the Secretary (May 5, 1998) outlined areas of concern related to the trends of HIV/AIDS among the African-American community and the federal response to this epidemic. She also requested that the Secretary declare a state of emergency regarding HIV/AIDS among African-Americans. In addition, the Congressional Black Caucus sought to increase the capacity of CBOs in communities disproportionately impacted by HIV disease, because the epidemic still requires a client-centered, community-based approach. All too often CBOs in communities of color do not have the social capital, nor have they collectively developed the infrastructure, to meet the

comprehensive and challenging needs of those infected and affected by HIV disease. CBOs providing substance abuse and mental health prevention and treatment services to these communities are further disadvantaged by the historical stigma associated with substance abuse, mental illness, and addictive disease. Although CBO's may be the most effective group to address HIV/AIDS in communities of color, they may need additional resources and training to effectively coordinate substance abuse, mental health and HIV/AIDS services. A continuum of services, from prevention through intervention and on to treatment, is being demanded from outreach providers unprepared to meet the needs and demands.

There is clearly a critical need for HIV disease prevention services which target communities of color and are culturally-relevant, effective, and involve strong institutions in these communities, including faith-based organizations. The Minority HIV Prevention Initiatives Program attempts to address that need through the three initiatives outlined below.

Target Population

This program is intended to increase coordinated SAP and HIV prevention services capacity in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities, which have traditionally been underserved or unserved. Too often, HIV prevention services have been targeted to specific populations, as opposed to targeting behaviors that put any individual at risk for HIV infection. Applicants should assess

their communities to determine the behaviors that put community members at greatest risk (such as injecting drug use, alcohol use, and risky sexual practices) and focus their efforts on promoting policies and practices that support positive behavior change and address the inequities that perpetuate the disproportionate burden of HIV disease in communities of color.

Application Kit

Application kits have several parts. The grant application has 2 parts. Part I is different for each GFA. **This document is Part I.** Part II has general policies and procedures that apply to all SAMHSA grants and cooperative agreements. You will need to use both Parts I and II for your application.

The application kit also contains the blank forms (PHS 5161 and SF 424) that you will need to complete your application. To get a complete application kit, including Parts I and II, you can:

Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

Download it from the SAMHSA website at www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

PLEASE NOTE:

1. Use application form PHS 5161-1.
2. Be sure to type one of the following in Item No. 10 on the face page of the application form:

SP-01-006 SAP and HIV

Prevention: Initiative 1 (for grants to plan for the establishment of new SAP and HIVP services); or

SP-01-006 SAP and HIV

Prevention: Initiative 2 (for cooperative agreements to expand current delivery systems); or

SP-001-006 SAP and HIV

Prevention: Initiative 3 (for cooperative agreements for youth-serving community organizations)

Application Dates

Your application must be received by July 10, 2001.

The only way an application which is received after this date will be accepted is if it has a proof-of-mailing date from the carrier no later than July 3, 2001.

Private metered postmarks are not

acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Fabian O. Eluma, MD, PhD, MPH
Rockwall II, 9th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-5266
E-Mail: FEluma@SAMHSA.gov

For questions on grants management issues, contact:

Edna Frazier
Division of Grants Management
Substance Abuse and Mental Health
Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3958
E-Mail: Efrazier@SAMHSA.gov

Technical Assistance Workshops

SAMHSA will offer Technical Assistance Workshops on this and other SAMHSA FY2001 initiatives on the following dates:

- i** March 15-16, 2001, in Phoenix, AZ
- i** March 20-21, 2001, in Orlando, FL
- i** March 22-23, 2001, in Boston, MA

For preregistration materials and additional information, please call the SAMHSA hotline at (301) 984-1471, extension 377.

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee
2. Concurrence of the CSAP National Advisory Council
3. Availability of funds
4. Overall program balance in terms of geography and race/ethnicity of target populations

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract may not be longer than 35 lines.

In the first 5 lines or less of your abstract, write a brief summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

' **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

Make sure to number each page of your application. It is also helpful to add the Project Director/Principal Investigator's name to each page.

' **4. BUDGET FORM**

Standard Form 424A. See Appendix B in Part II for instructions.

' **5. PROJECT NARRATIVE
AND SUPPORT DOCUMENTATION**

These sections describe your project. The program narrative is made up of Sections A through E. **More detailed information on A-E is located in the three separate sections on the three program initiatives below.**

Sections A-E of your application may not be longer than 25 pages.

' **Section A** - Documentation of Need

' **Section B** - Project Plan (Design)

' **Section C** - Project Evaluation

' **Section D** - Reports and
Dissemination

' **Section E** - Organizational Capacity

The support documentation for your application is made up of sections F through I. There are no page limits for the following sections, except for Section H - Biographical Sketches/Job Descriptions.

' **Section F** - Literature Citations

This section must contain complete reference information, including titles and all authors, for any literature you cite in your application.

' **Section G** - Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

' **Section H** - Biographical Sketches and Job Descriptions

Include a biographical sketch for the identified project director and other key staff. Each sketch should not exceed **2 pages**. If a key staff person has not been hired, include a letter of commitment from him/her with this sketch.

Include job descriptions for key personnel. They should not be longer than **1 page**.

Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

' **Section I** - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you must address in this section are outlined below.

' **6. APPENDICES 1 THROUGH 8**

Use only the appendices listed below.
Don't use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).

Don't use more than **35 pages** (plus all instruments) for the appendices.

- ' **Appendix 1:**
Initiative Selection Form - indicate under which of the three initiatives you are applying for funding.
- ' **Appendix 2:**
Organizational Chart - outline professional roles of staff and reporting relationships.
- ' **Appendix 3:**
Letters of Coordination and Support including any MOUs (Memoranda of Understanding) with service providers or other local organizations.
- ' **Appendix 4:**
Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.
- ' **Appendix 5:**
Projected Population Profile
- ' **Appendix 6:**
Area Map - indicate the proposed service area and location(s) of your organization.
- ' **Appendix 7:**
Data Collection Instruments/
Interview Protocols

- ' **Appendix 8:**
Sample Consent Forms

- ' **7. ASSURANCES**
Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

- ' **8. CERTIFICATIONS**

- ' **9. DISCLOSURE OF LOBBYING**

ACTIVITIES
Please see Part II for lobbying prohibitions.

- ' **10. CHECKLIST**
See Appendix C in Part II for instructions.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section by the Peer Review Committee. If any area is not applicable to your proposed project activities, discuss why it is not applicable.

The SPP information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- c Report any possible risks for people

- c in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- c Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- c Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- c Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- c Give plans to provide help if there are adverse effects to participants, if needed in the project.
- c Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- c Offer reasons if you do not decide to use other beneficial treatments.

Û Fair Selection of Participants:

- c Describe the target population(s) for

the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- c Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- c Explain the reasons for including or excluding participants.

- c Explain how you will recruit and select participants. Identify who will select participants.

Û Absence of Coercion:

- c Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- c If you plan to pay participants, state how participants will be awarded money or gifts.

- c State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection:

- c Identify from whom you will collect

data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

c Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

c Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

c List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

c Describe:

- How you will use data collection instruments.
- Where data will be stored.
- Who will or will not have access to information.
- How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers

separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

c List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

c State:

- If their participation is voluntary.
- Their right to leave the project at any time without problems.
- Risks from the project.
- Plans to protect clients from these risks.

c Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

c Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants

questions to be sure they understand the forms? Will you give them copies of what they sign?

- c Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- c Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

- c Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Cooperative Agreements

Applications funded under initiatives (2) and (3) will be made as cooperative agreements because they are complex and may require substantial Federal staff involvement, including:

- c technical assistance to sites,
- c coordination of cross-site evaluations and interaction with the Program Coordinating Center, and
- c coordination of this program with other CSAP or SAMHSA programs.

The roles of awardees and Federal staff are highlighted below.

Awardees Must:

- c Fully implement their funded project.
- c Comply with the terms and conditions of the award agreement.
- c Collaborate with CSAP staff in project implementation and monitoring.
- c Participate in the cross-site evaluation.
- c Participate in grantee meetings.
- c Comply with mutually agreed-upon activities, objectives, and policies.
- c Agree to utilize common measures (in addition to GPRA measures) wherever possible and appropriate.
- c Agree to provide CSAP/SAMHSA with data required for GPRA, and (consistent with the provisions of 45 CFR74.63) develop policies on data-sharing, access to data and materials, and publications.

CSAP/SAMHSA Staff Will:

- c Monitor the conduct and progress of the projects including conducting site visits.
- c Assure appropriate individual and cross-site evaluation methodologies are followed.

- c Make recommendations for continuation funding.
- c Work collaboratively with project and PCC staff.
- c Provide guidance and technical assistance on project implementation, including the packaging and dissemination of products and materials.

Funding Options

The CSAP Minority HIV Prevention Initiatives Program includes the following three targeted initiatives:

(1) Grants to Plan for the Establishment of New SAP and HIVP Services;

(2) Cooperative Agreements to Expand Current Service Delivery Systems to Include Substance Abuse Prevention, HIV Prevention, and Primary Health Care Services; and

(3) Cooperative Agreements for Community Organizations to Integrate Substance Abuse Prevention and HIV Prevention for Youth.

Each Initiative will be addressed separately in the following three Program Overview sections. Applicants must clearly indicate under which initiative they are applying for funding (see Appendix C - Initiative Selection Form). Applicant organizations may choose to apply for any of the initiatives for which they are eligible, but separate applications must be prepared for each initiative.

Program Overview

Initiative (1): Grants to Plan for the Establishment of New SAP and HIVP Services

Who Can Apply?

Applications for this initiative may be submitted by domestic public and private non-profit community-based organizations² that serve predominantly racial and ethnic minority populations disproportionately impacted by the HIV/AIDS epidemic. For example, the following are eligible to apply:

- / Community-based organizations
- / Health care delivery systems
- / Faith-based organizations
- / Indian tribes and tribal organizations
- / Historically-Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs), and Hispanic Association of Colleges and Universities members (HACUs).

Expected Activities and Accomplishments:

This initiative supports CBOs in their planning efforts to establish effective SAP and HIV prevention and other related services for communities of color. Funds will support planning efforts that mobilize the community to increase access to

²Governmental entities are not eligible under this GFA (i.e., city, county, and State governments). This eligibility restriction reflects congressional report language and the need to work directly at the community level to build a community infrastructure of prevention services.

effective SAP and HIV prevention services for the targeted population.

CSAP expects applicants to become prepared to offer integrated SAP and HIV prevention services through the planning and/or capacity-building process.

Applicants are encouraged to develop initiatives to address SAP and HIV prevention-related needs that are well-structured and supported by scientific evidence, so that they can submit plans for funding services to established programs, such as those offered by private foundations and US DHHS agencies including HRSA, CDC, NIH, and SAMHSA. We hope that applicant organizations will utilize grant resources to gain the knowledge and expertise necessary to develop competitive applications for future funding and to strengthen their infrastructure, so they can address the health crisis caused by HIV disease in communities of color which are disproportionately impacted by the AIDS epidemic.

Applicants may utilize grant funds for the following activities: (This list is meant to be illustrative, not exhaustive, so that applicants may also include other activities that they consider relevant.)

- ! identifying key stakeholders and engaging and coordinating with potential partners in the planning process;
- ! engaging members of the target community to participate in designing services for themselves and their peers;
- ! convening formal and informal advisory groups to assist in the planning process;

- ! engaging the expertise of relevant local experts, including individuals affiliated with nearby HBCUs, TCUs, HSIs, and HACU members;
- ! conducting a needs assessment in the community---an in-depth review of the nature and extent of needs of community members regarding SAP, HIVP, and other related services. The needs assessment should include profiles of the target population generally, local epidemiological data related to HIV disease, information on the capacity of local service providers, and other relevant details, such as information on transportation, employment, and other services;
- ! examining existing SAP and HIV prevention, early intervention, and other related services in place in similar communities in order to develop culturally-competent models of care that are the most appropriate for minority communities;
- ! defining the essential components of care needed and forming linkages with related providers in the community; and
- ! preparing detailed plans for future services provision.

By the end of the planning grant period, grantees will be expected to have accomplished the following:

- ! conducted a thorough community needs assessment;
- ! developed a model of care for integrated SAP and HIVP services;
- ! produced a Development Plan or Strategic Plan that clearly describes the next steps the organization will

- ! take in order to establish SAP and HIVP services; and developed Core Competencies necessary for effective organizational management, including:
- c establishing a financial management unit of the organization capable of ensuring that all financial requirements of funding organizations are met, with written financial policies and procedures in place;
 - c developing written organizational policies and procedures regarding personnel, travel, equipment, and other related issues;
 - c specifying appropriate levels of authority and responsibilities for all levels of management, including governing boards and key staff, with appropriate checks and balances;
 - c creating a management information system; and
 - c developing a quality assurance program for future services delivery.

This initiative does not provide funding for services delivery. Applicants seeking funding for the actual provision of client services should apply under Initiative 2.

Project Narrative– Sections A Through E Highlighted

The narrative part of your application consists of addressing sections A through I.

Sections A through E--the project narrative--describe what you intend to accomplish with grant funding. Below you will find detailed information on how to respond to sections A through E.

- K Sections A through E may not be longer than 25 pages.
- K A peer review committee will assign a point value to your application based on how well you address these sections.
- K The number of points after each main heading shows the maximum points a review committee may assign to that category.
- K Reviewers will also be looking for cultural competence. Points will be deducted from applications that do not address the cultural aspects of each criterion.

Section A: Documentation of Need (25 Points)

The purpose of this section is to provide detailed information on the target community and the unmet needs for prevention and intervention services. Applicants should address all of the following topics as thoroughly as possible, as applications will be judged on the extent to which they demonstrate strong knowledge of and experience with their community.

This section of the application should include:

A profile of the target population in terms

of race, ethnicity, age and gender, as well as risk for HIV infection and substance abuse and/or related problems as reflected by substance use rates, local epidemiological data related to HIV disease, data on sexually-transmitted diseases, and other related data. Also include data on resiliency and protective factors in the community.

Descriptions of the capacity of local service providers and other relevant information, such as the availability of transportation, employment, and other services. Applicants should provide a clear picture of the HIV prevention, early intervention, and other related services that are already in place in their community, as well as of the gaps in current services. Include an area map which indicates the proposed service area and location(s) of your organization in Appendix 6 of your application.

Descriptions of the essential components of care needed and how applicants have or will form linkages with related providers in the community to provide integrated services.

A current literature review of interventions which may be appropriate for your proposed target population. Be sure to include literature which addresses all important aspects of the target population, including race, ethnicity, gender, sexual orientation, age, developmental status, and disabilities.

Section B: Project Plan (Design) **(35 Points)**

This section of the application should:

Describe how the proposed project

addresses the goals of the GFA by providing a detailed presentation of the activities that the applicant has chosen to implement in order to achieve the expected accomplishments outlined in the above section: "Expected Activities and Accomplishments."

Include a Work Plan which includes project-specific objectives and key action steps which are specific and measurable. At a minimum, the Work Plan should include: a problem statement; goals, objectives for each goal; key action steps for each objective; responsible persons for each action step; targeted completion dates; and methods for evaluating each objective.

Delineate the activities that will be necessary to implement the planning/capacity-building process and provide a basis for evaluating how this will lead to the development of HIV-related services in the community.

Discuss plans for coming to consensus about the interventions needed in the community and the involvement of community members and leaders in developing consensus.

Describe what services your organization will develop, to whom and how they will be provided, and address dosage levels and costs.

Describe how the target population will be included in the planning, design, and implementation of activities and services.

Section C: Project Evaluation: Methodology, Data Collection, Analysis and Performance Monitoring

(15 Points)

The purpose of this section is to present an evaluation plan to determine whether the intervention meets the goals of the program.

Applicants under this initiative should focus on a process evaluation which assesses whether the project is implemented in the time and manner proposed and meets the process goals and objectives specified. The process evaluation should address the consensus-building process in the community as well as the planning process, and should include "Lessons Learned."

Process measures may include: numbers of community members and leaders involved in the planning process, numbers of meetings held and presentations given, measures of satisfaction of stakeholders with current and proposed services, measures of barriers to implementation, etc.

In this section, applicants should:

Present clear details on the process for ensuring gender relevance, cultural appropriateness, and participation of the target community in the evaluation.

Specify what data will be collected, how these data will be collected, and how data will be analyzed and presented. If any statistical procedures will be employed for qualitative or quantitative data, discuss these. Describe how data will be kept confidential and secure. Provide an evaluation time-line, including data collection points.

Describe how the target population will be

involved in the analysis and interpretation of project results.

Discuss plans to determine the costs of proposed services and to relate costs per participants to outcomes.

Include an agreement to cooperate with the Program Coordinating Center and budget for travel to grantee meetings each year.

Include any proposed data collection instruments and interview protocols in Appendix No. 7, entitled "Data Collection Instruments/Interview Protocols."

Section D: Reports and Dissemination (5 Points)

This section should describe applicant's plans for writing and producing all required grant reports and products (as listed below under "Post Award Requirements"), including specifying staff responsible for each document. Applicants should also discuss plans for disseminating any grant products, as appropriate.

Section E: Organizational Capacity: Project Management, Implementation Plan, Timelines, Organization, Staff, Equipment/Facilities and Other Support (20 Points)

This section should:

Describe the mission of your organization and describe how the proposed activities related to SAP and HIVP fit within that mission.

Describe the capability and experience of your organization and collaborating agencies with similar projects and populations.

Describe past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities (especially HBCUs, TCUs, HSIs, and HACUs), clinics and other organizations, where appropriate.

Discuss your organizational structure. Provide an organizational chart in Appendix 2 of your application which outlines the professional roles of the staff and reporting relationships. Ensure that the roles and reporting relationships for all activities proposed in this application are clear. (It may be helpful to also provide a project-specific management chart in Appendix 2.)

Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), including a description of the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors. The cultural capabilities of the staff should also be described to ensure cultural competence in communicating with the target population and in proposed activities. Also document the staff's experience, familiarity, and links with, as well as acceptance by the communities and the target population to be served.

Describe relevant existing resources, such as computer facilities and equipment, and facility location, space, environment, and accessibility (in compliance with the Americans with Disabilities Act).

Describe any other resources not accounted for in the proposed budgets but necessary for the project.

Describe plans for securing resources to implement your model of integrated SAP and HIVP services once this Federal grant funding is terminated.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Peer Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Post Award Requirements:

1. Reports:

- ' Quarterly reports for year 01;
- ' Data files and documentation; and
- ' A Final report summarizing accomplishments and outcomes.

2. Products:

- ' Community needs assessment;
- ' Model of care for integrated SAP and HIVP services;
- ' Development Plan or Strategic Plan to establish services; and
- ' Documentation of Core Management Competencies

3. Compliance with data reporting requirements including but not limited to applicable GPRA reporting requirements (see appendix B).

4. Attendance at required grantee meetings, which may include a New Grantee Workshop, Learning Community Conferences, and other

CSAP/SAMHSA conferences.

Hispanic-Serving Institutions (HSIs), and Hispanic Association of Colleges and Universities members (HACUs).

Program Overview:

Initiative (2): Cooperative Agreements to Expand Current Service Delivery Systems to Include Substance Abuse Prevention, HIV Prevention, and Primary Health Care Services:

Who Can Apply?

Applications for this initiative may be submitted by domestic public and private non-profit community-based organizations³ that serve predominantly racial and ethnic minority populations disproportionately impacted by the HIV/AIDS epidemic. Applicants must have the capacity and experience to provide SAP and HIVP services to the target population. For example, the following are eligible to apply:

- / Community-based organizations
- / Health care delivery systems
- / Faith-based organizations
- / Indian tribes and tribal organizations
- / Historically-Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs),

³Governmental entities are not eligible under this GFA (i.e., city, county, and State governments). This eligibility restriction reflects congressional report language and the need to work directly at the community level to build a community infrastructure of prevention services.

Expected Activities and Accomplishments:

This initiative supports CBOs in their efforts to expand their current service delivery systems to include effective, integrated SAP, HIVP, and primary health care services. Funds will support the development of new services and the integration of existing services in order to establish comprehensive systems of care for minority communities. **At a minimum, applicants must provide integrated substance abuse prevention and HIV prevention services to their targeted community.** While applicants may also utilize these funds to integrate primary health care services into SAP and HIVP services, funds are not to be utilized for the actual provision of primary health care services.

Applicants for cooperative agreement funding under this initiative should have already completed many of the planning steps outlined in the previous section on Initiative 1. Information on the applicant's planning process should be included in their application.

Applicants may utilize cooperative agreement funding for the following activities: (This list is meant to be illustrative, not exhaustive, so that applicants may also include other activities that they consider relevant.)

- ! adding integrated substance abuse prevention and HIV prevention services to existing services;
- ! adding and integrating new substance abuse prevention services into existing HIV-related services;
- ! adding and integrating new HIV prevention services into existing substance abuse services;
- ! increase or enhance existing SAP and HIV prevention services;
- ! integrating primary care services into existing substance abuse and HIV prevention services;
- ! increasing access to existing services by providing supportive services, such as transportation, child care, and case management;
- ! increasing access to existing services by strengthening linkages between service providers.

This initiative will not provide funding to duplicate services which already exist in the community unless the applicant clearly demonstrates that there is unmet need for additional services. Further, these funds may not be utilized to pay for services or treatments which would be covered under other public or private programs (such as Medicaid or Medicare). Applicants must submit clear evidence of gaps in existing services which will be filled with CSAP funding.

Project Narrative– Sections A Through E Highlighted

The narrative part of your application consists of addressing sections A through I. **Sections A through E--the project narrative--describe what you intend to**

accomplish with grant funding. Below you will find detailed information on how to respond to sections A through E.

- K** Sections A through E may not be longer than 25 pages.
- K** A peer review committee will assign a point value to your application based on how well you address these sections.
- K** The number of points after each main heading shows the maximum points a review committee may assign to that category.
- K** Reviewers will also be looking for cultural competence. Points will be deducted from applications that do not address the cultural aspects of each criterion.

Section A: Documentation of Need (15 Points)

This section of the application should include:

Detailed information on the target community and the unmet needs for prevention and intervention services, including a profile of the target population in terms of race, ethnicity, age, and gender, as well as risk for HIV infection and substance abuse and/or related problems as reflected by substance use rates, local epidemiological data related to HIV disease, data on sexually-transmitted diseases, and other related data. Provide data as well on resiliency and protective factors in the community.

Descriptions of the capacity of local service providers and other relevant information, such as the availability of transportation, employment, and other services.

Applicants should provide a clear picture of the HIV prevention, early intervention, and other

related services that are already in place in their community, as well as of the gaps in services that they intend to fill. Include an area map which indicates the proposed service area and location(s) of your organization in Appendix 6.

Descriptions of the essential components of care needed and how applicants have or will form linkages with related providers in the community to provide integrated services.

A current literature review of appropriate interventions, which includes a rationale for use of the chosen model in the targeted community. Be sure to include literature which addresses all important aspects of the target population, including race, ethnicity, gender, sexual orientation, age, developmental status, and disabilities.

Section B: Project Plan (Design) (25 Points)

This section of the application should:

Describe how the proposed project address the goals of the GFA by providing a detailed presentation of the activities that the applicant has chosen to implement.

Include a Work Plan which includes project-specific objectives and key action steps which are specific and measurable.

At a minimum, the Work Plan should include: a problem statement; goals, objectives for each goal; key action steps for each objective; responsible persons for each action step; targeted completion dates; and methods for evaluating each objective.

Describe how the proposed project advances the state of the art in SAP and HIV prevention, as well as adds to the knowledge base on “best practices.”

Provide an estimate of the size of the participant pool, how and from where the participants will be recruited, enrolled and retained in the study and how attrition will be handled as well as the incentives that will be used to increase program participation.

Describe prior experience in recruiting and retaining the target population.

Provide plans to resolve potential recruiting problems and plans to obtain as much data as possible on project drop-outs.

Describe participant inclusionary and exclusionary criteria in terms of basic socio-demographics, including age, gender, ethnicity, and other distinguishing characteristics.

Provide assurances that any control/ comparison group participants will not be denied prevention or treatment services, rather that they will be provided with standard services.

Describe what services comprise the intervention, who and how they are to be provided, dosage levels and costs.

Describe how the target population will be

included in the planning and design of services, their ongoing participation in the project as members of advisory boards or other groups, and how they will be involved in the analysis and interpretation of project results.

**Section C: Project Evaluation:
Methodology, Data Collection, Analysis
and Performance Monitoring
(30 Points)**

This section of the application should:

Present an evaluation plan to determine whether the intervention meets the goals of the program.

Present clear details on the process for ensuring gender relevance and cultural appropriateness.

Present a clear statement of the research questions and the research design, including specific process and outcome measures, and dosage data collection. Experimental designs are welcome, but **at a minimum, applicants must include plans for collecting data from an appropriate comparison group.**

Ensure the collection of the GPRA client outcome measures and as well as appropriate common measures. More information about GPRA is provided in Part II under the section with the same name.

Describe any proposed additional measures in detail. Psychometric properties of proposed instruments should be described, and their relevance to the age, culture, language,

and gender of the target population should be discussed. These instruments should be reliable and valid, and to the extent possible, normed on the populations being assessed. Data collection instruments and interview protocols should be included in Appendix No. 7 entitled, "Data Collection Instruments/Interview Protocols."

Describe the strategies for collection, processing, clean-up, control, confidentiality and security of data.

Specify plans for ensuring uniform data collection from both the treatment and comparison/control groups.

Specify data collection points. Provide a time line which clearly identifies baseline and all follow-up data collection points.

Present data analysis plans which include proposed statistical procedures to be employed for all data.

Specify the proposed sample size for both treatment and comparison/control groups. Discuss the expected attrition rate, and propose plans for minimizing attrition, including providing incentives for participation in the evaluation. State the guaranteed minimum final sample size, and address statistical power issues with regard to sample size and expected program effects. (If possible, provide a power analysis.)

Discuss plans to determine the costs of the project and to relate costs per participants to outcomes.

Include an agreement to participate in the cross-site evaluation and cooperate with the

Program Coordinating Center by helping to identify any common variables. (Note that a copies of cross-site instruments being used by currently-funded grantees may be obtained by contacting the program staff listed above in the “How to Get Help” section.) Applicants should also budget for travel to meetings each year to work with the PCC.

Section D: Reports and Dissemination (10 Points)

This section should:

This section should describe applicant’s plans for developing all required grant reports and products (as listed below under “Post Award Requirements”) and for disseminating products as appropriate.

In addition to the required reports, grantees funded under this initiative will be expected to develop a manual to be used by potential replicants that describes the developmental history of the project and gives detailed instructions on the implementation of all project intervention(s).

Applicants should include plans to disseminate findings to promote advances in the SAP and HIV prevention fields.

Section E: Organizational Capacity: Project Management, Implementation Plan, Timelines, Organization, Staff, Equipment/Facilities and Other Support (20 Points)

In this section, applicants should:

Describe the expected project management

and implementation plan. Information for this section may provide more detail to the Work Plan presented in Section B.

Describe the mission of your organization and describe how the proposed activities related to SAP and HIVP fit within that mission.

Provide evidence of strong knowledge of the community and experience working with community leaders and members, as well as collaboration with existing service providers.

Describe the capability and experience of your organization and collaborating agencies with similar projects and populations. This experience must pertain to the delivery of substance abuse prevention, HIV prevention, and other related services. Indicate if primary care services are currently provided by your organization. Reviewers will judge applications on the extent to which applicants provide evidence that they have been providing relevant services to significant numbers of individuals within the targeted community for a minimum of 2 years.

Describe past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities (especially HBCUs, TCUs, HSIs, and HACUs), clinics and other organizations, where appropriate.

Discuss plans for coming to consensus about the interventions needed in the community and the involvement of community members and leaders in developing consensus support.

Discuss your organizational structure. Provide an organizational chart in Appendix 2 of your application which outlines the professional roles of the staff and reporting relationships. Ensure that the roles and reporting relationships for all activities proposed in this application are clear. (It may be helpful to also provide a project-specific management chart in Appendix 2.)

Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), including a description of the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse and HIV prevention interventions and primary care services as well as relevant research experience. The cultural capabilities of the staff should also be described to ensure cultural competence in communicating with the target population and in the proposed intervention. Also document the staff's experience, familiarity, and links with, as well as acceptance by the communities and the target population to be served.

Describe relevant existing resources, such as computer facilities and equipment, and facility location, space, environment, and accessibility (in compliance with the Americans with Disabilities Act).

Describe any other resources not accounted for in the proposed budgets but necessary for the project.

Describe plans for securing resources to sustain the project once Federal funding is terminated, or for reducing the project and referring clients

to other appropriate services if it is not possible to obtain additional resources.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Peer Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Post Award Requirements:

1. Reports:

- ' Quarterly reports for year 01
- ' Semi-annual reports for years 02-03
- ' Annual reports
- ' Final report summarizing accomplishments and outcomes.
- ' Data files and documentation
- ' Publication Agreement

2. Compliance with data reporting requirements including but not limited to GPRA reporting requirements (see appendix B).

3. Attendance at required grantee meetings, which may include a New Grantee Workshop, Learning Community Conferences, and other CSAP/SAMHSA conferences.

Program Overview:

Initiative (3): Cooperative Agreements for Youth-Serving Community Organizations to Integrate Substance Abuse Prevention and HIV Prevention for Youth Ages 9-17:

Who Can Apply?

Applications for this initiative may be submitted by domestic public and private non-profit, youth-serving, community-based organizations⁴ that serve predominantly racial and ethnic minority populations disproportionately impacted by the HIV/AIDS epidemic. For example, the following are eligible to apply:

- / Community-based organizations
- / Youth-serving organizations
- / Health care delivery systems
- / Faith-based organizations
- / Indian tribes and tribal organizations
- / Historically-Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs), and Hispanic Association of Colleges and Universities members (HACUs).

⁴Governmental entities are not eligible under this GFA (i.e., city, county, and State governments). This eligibility restriction reflects congressional report language and the need to work directly at the community level to build a community infrastructure of prevention services.

Expected Activities and Accomplishments:

This initiative supports youth-serving community organizations in their efforts to integrate SAP and HIVP services into their existing youth programs.

Applicants may utilize cooperative agreement funding for the following activities: (This list is meant to be illustrative, not exhaustive, so that applicants may also include other activities that they consider relevant.)

- ! adding integrated substance abuse prevention and HIV prevention services to existing youth services;
- ! adding and integrating new substance abuse prevention services into existing HIV-related services;
- ! adding and integrating new HIV prevention services into existing substance abuse prevention services;
- ! increasing or enhancing existing integrated SAP and HIVP services;
- ! providing ancillary services to engage youth, including vocational services, legal services, housing assistance, counseling, recreational activities, family planning services, and health screening services;
- ! increasing access to existing services by providing supportive services, such as transportation, and case management;
- ! increasing access to existing services by strengthening linkages between service providers.

Project Narrative— Sections

A Through E Highlighted

The narrative part of your application consists of addressing sections A through E. **Sections A through E--the project narrative--describe what you intend to accomplish with grant funding.** Below you will find detailed information on how to respond to sections A through E.

- K** Sections A through E may not be longer than 25 pages.
- K** A peer review committee will assign a point value to your application based on how well you address these sections.
- K** The number of points after each main heading shows the maximum points a review committee may assign to that category.
- K** Reviewers will also be looking for cultural competence. Points will be deducted from applications that do not address the cultural aspects of each criterion.

Section A: Documentation of Need (25 Points)

This section of the application should include:

Detailed information on the target community and the unmet needs for prevention and intervention services, including a profile of the target population in terms of race, ethnicity, age, and gender, as well as risk for HIV infection and substance abuse and/or related problems as

reflected by substance use rates, local epidemiological data related to HIV disease, data on sexually-transmitted diseases, and other related data. Provide data as well on resiliency and protective factors in the community.

Descriptions of the capacity of local service providers and other relevant information, such as the availability of transportation, employment, and other services. Applicants should provide a clear picture of the HIV prevention, early intervention, and other related services that are already in place in their community, as well as of the gaps in services that they intend to fill. Include an area map which indicates the proposed service area and location(s) of your organization in Appendix 6.

Descriptions of the essential components of care needed and how applicants have or will form linkages with related providers in the community to provide integrated services.

A current literature review of appropriate interventions, which includes a rationale for use of the proposed model in the targeted community. Be sure to include literature which addresses all important aspects of the target population, including race, ethnicity, gender, sexual orientation, age, developmental status, and disabilities.

Section B: Project Plan (Design) (25 Points)

This section of the application should:

Describe how the proposed project address the goals of the GFA by providing a detailed presentation of the activities that the

applicant has chosen to implement.

Include a Work Plan which includes project-specific objectives and key action steps which are specific and measurable. At a minimum, the Work Plan should include: a problem statement; goals, objectives for each goal; key action steps for each objective; responsible persons for each action step; targeted completion dates; and methods for evaluating each objective.

Describe how the proposed project advances the state of the art in SAP and HIV prevention among youth, as well as adds to the knowledge base on “best practices.”

Provide an estimate of the size of the participant pool, how and from where the participants will be recruited, enrolled and retained in the study and how attrition will be handled as well as the incentives that will be used to increase program participation.

Describe prior experience in recruiting and retaining the target population.

Provide plans to resolve potential recruiting problems and plans to obtain as much data as possible on project drop-outs.

Describe participant inclusionary and exclusionary criteria in terms of basic socio-demographics, including age, developmental status, gender, ethnicity, and other distinguishing characteristics.

Describe what services comprise the intervention, who and how they are to be provided, dosage levels and costs.

Describe how youth from the target

population will be included in the planning and design, implementation and analysis of project results.

Section C: Project Evaluation: Methodology, Data Collection, Analysis and Performance Monitoring (20 Points)

This section of the application should:

Present an evaluation plan to determine whether the intervention meets the goals of the program.

Present clear details on the process for ensuring gender relevance and cultural appropriateness.

Present a clear statement of the research questions and the research design, including specific process and outcome measures, and dosage data collection.

Ensure the collection of the GPRA client outcome measures and as well as appropriate common measures. More information about GPRA is provided in Part II under the section with the same name.

Describe any proposed additional measures in detail. Psychometric properties of proposed instruments should be described, and their relevance to the age, developmental status, culture, language, and gender of the target population should be discussed. These instruments should be reliable and valid, and to the extent possible, normed on the populations being assessed. Data collection instruments and interview protocols should be included in Appendix No. 7 entitled, "Data Collection Instruments/Interview Protocols."

Describe the strategies for collection, processing, clean-up, control, confidentiality and security of data.

Specify plans for ensuring uniform data collection.

Specify data collection points. Provide a time line which clearly identifies baseline and all follow-up data collection points.

Present data analysis plans which include proposed statistical procedures to be employed for all data.

Specify the proposed sample size. Discuss the expected attrition rate, and propose plans for minimizing attrition, including providing incentives for participation in the evaluation. State the guaranteed minimum final sample size, and address statistical power issues with regard to sample size and expected program effects.

Discuss plans to determine the costs of the project and to relate costs per participants to outcomes.

Include an agreement to participate in the cross-site evaluation, and to cooperate with the Program Coordinating Center by helping to identify common variables and budgeting for travel to meetings each year to work with the PCC.

Section D: Reports and Dissemination (10 Points)

This section should describe applicant's plans for developing all required grant reports and products (as listed below under "Post Award Requirements") and for

disseminating products as appropriate.

In addition to the required reports, grantees funded under this initiative will be expected to develop a manual to be used by potential replicants that describes the developmental history of the project and gives detailed instructions on the implementation of all project intervention(s).

Applicants should include plans to disseminate findings to promote advances in the SAP and HIV prevention fields.

Section E: Organizational Capacity: Project Management, Implementation Plan, Timelines, Organization, Staff, Equipment/Facilities and Other Support (20 Points)

In this section, applicants should:

Describe the expected project management and implementation plan. Information for this section may provide more detail to the Work Plan presented in Section B.

Describe the mission of your organization and describe how the proposed activities related to SAP and HIVP fit within that mission.

Describe the capability and experience of your organization and collaborating agencies with similar projects and populations. This experience must pertain to the delivery of substance abuse prevention, HIV prevention, and other related services to youth. Reviewers will judge this item on the extent to which applicants can provide evidence that they have been providing relevant services to significant numbers of youth within the

targeted community for a minimum of 2 years. Under this initiative, applicants must also clearly describe the activities and services which are currently offered to youth by the applicant organization, outlining how funds will be utilized to build on existing services.

Describe past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities (especially HBCUs, TCUs, HSIs, and HACU members), clinics and other organizations, where appropriate.

Discuss plans for coming to consensus about the interventions needed in the community and the involvement of community members and leaders in developing consensus support.

Discuss your organizational structure. Provide an organizational chart in Appendix 2 of your application which outlines the professional roles of the staff and reporting relationships. Ensure that the roles and reporting relationships for all activities proposed in this application are clear. (It may be helpful to provide a project-specific management chart in Appendix 2.)

Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), including a description of the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse and HIV prevention interventions to youth, as well as relevant research experience. The cultural capabilities of the staff should also be described to ensure

cultural competence in communicating with the target population and in the proposed intervention. Also document the staff's experience, familiarity, and links with, as well as acceptance by the communities and the target population of youth to be served.

Describe relevant existing resources, such as computer facilities and equipment, and facility location, space, environment, and accessibility (in compliance with the Americans with Disabilities Act).

Describe any other resources not accounted for in the proposed budgets but necessary for the project.

Describe plans for securing resources to sustain the project once Federal funding is terminated, or for reducing the project and referring youth to other appropriate services if it is not possible to obtain additional resources.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Peer Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Post Award Requirements:

1. Reports:

- ' Quarterly reports for year 01
- ' Semi-annual reports for years 02-03
- ' Annual reports
- ' Final report summarizing accomplishments and outcomes.
- ' Data files and documentation
- ' Publication Agreement

2. Compliance with data reporting

requirements including but not limited to GPRA reporting requirements (see appendix B).

3. Attendance at required grantee meetings, which may include a New Grantee Workshop, Learning Community Conferences, and other CSAP/SAMHSA conferences.

CSAP Program Coordinating Center (PCC)

A Program Coordinating Center established and funded under a separate contract or cooperative agreement is charged with identifying commonalities among the individual grant projects so that their findings can be generalized to a larger population and other settings. Pursuant to this, the PCC will collect and analyze individual grantee project data required by SAMHSA to fulfill its responsibilities under the Government Performance and Results Act (GPRA) and additional required common measures.

The PCC will provide ongoing overall study coordination including monitoring of data collection, data management, data quality, and training in common procedures of common materials. The PCC will participate in meetings and work with the Study sites and CSAP staff to establish a policy for disseminating information learned from the programs. It will also be responsible for preparing reports and position papers as requested by CSAP staff.

In addition, the PCC will develop and

maintain a common data repository, containing all common data elements collected by each project. These data as well as other data collected by the projects will be used first by project staff to conduct site specific analyses, and second by the PCC for the overall program analyses. Given that these data represent a potential national resource, CSAP intends to share them with the other projects, the PCC, and other SAMHSA staff as soon as possible. Thus, both the projects and the PCC will be required to agree to share data and to provide data tapes as soon as they are cleaned, coded, and ready to use.

With input from CSAP staff, the PCC will be responsible for convening grantee meetings, conference calls, and other meetings as needed. Grantee meetings will serve as planning meetings and will include discussion of technical and practical issues.

Appendix A: Background Information and References

Epidemiological data show that HIV disease continues to disproportionately affect minority communities in the U.S., and that the rates of new HIV infections continue to increase disproportionately among African-Americans, Hispanics/Latinos, American Indians/Alaska Natives, and Asian-Americans/Pacific Islanders, so that this epidemic is becoming increasingly an epidemic of color. Incidence rates of new HIV infections in women and adolescents of color have increased dramatically recently, and among men who have sex with men, men of color now account for the majority of total AIDS cases. There is a desperate need for effective prevention services in minority communities, and the direct links between substance use and abuse and HIV transmission require organizations to address these issues in a coordinated manner.

HIV is directly transmitted through injection drug use when users share and re-use syringes and other blood-contaminated equipment. However, users of non-injection drugs such as crack cocaine, alcohol, and methamphetamines are also at greater risk of HIV infection than those who do not use drugs. Because drug use can affect judgement and interfere with communication, users are more likely to engage in riskier sexual behavior, such as failing to use condoms correctly (Quander, 2000). Drug users may also exchange sex for drugs or money in order to sustain use, and users are more likely to have sex with other users, further increasing their risk of HIV infection. A CDC study of inner-city young adults found that crack smokers were three times more likely than non-smokers to be infected with HIV (as cited in OMH, 2000).

The African-Americans community has been especially hard hit by HIV disease. One in every 50 black American men is now believed to be infected with HIV, as is one in every 160 black women (CDC, 2001). While African-Americans are just 13 percent of the U.S. population, more than half of all new HIV infections occur among blacks (Herbert, 2001). Among women, African-Americans women account for 64 percent of all new infections in the U.S. (CDC, 2001).

Not only are the rates of HIV infections among African-Americans alarming; but the statistics on AIDS cases are also. Blacks are 10 times more likely than whites to be diagnosed with AIDS, and 10 times more likely to die from it (Herbert, 2001). Blacks account for 38 percent of all reported AIDS cases through June, 2000, and this proportion is increasing (CDC, 2001). From July 1999 to June 2000, 48 percent of reported AIDS cases were among Black adults and adolescents (CDC, 2001). Again, the picture for women is even more grim. African-Americans women account for 57 percent of all AIDS cases among women (CDC, 2001). And among children, African-Americans children account for 59 percent of total AIDS cases (CDC, 2001).

Among Hispanics/Latinos, statistics on HIV disease are also alarming. From July 1999 to June 2000, 19 percent of reported AIDS cases were among Hispanic/Latino adults and adolescents (CDC, 2001). Hispanic/ Latina women account for 20 percent of AIDS cases among women, and Hispanic/ Latino children account for 23 percent of AIDS cases among children (CDC, 2001). HIV was the third leading cause of death for Hispanic/Latino men and

the fourth leading cause of death for Hispanic/Latina women aged 24-44 years in 1998 (CDC, 2001).

Even in the gay community, where HIV disease prevention efforts have proven to be more effective, there are racial disparities. Men of color who have sex with men accounted for 52 percent of the total AIDS cases in 1998, which represents a dramatic increase from their proportion of 31 percent in 1989.

The proportion of AIDS cases accounted for by minorities continues to increase. Among women, Black and Hispanic women accounted for 77 percent of all AIDS cases through June 2000 (CDC, 2001). But for the most recent reporting year (July 1999 - June 2000) they accounted for 81 percent of AIDS cases among women (CDC, 2001).

Such alarming increases can also be seen in minority communities where AIDS has not yet become so prevalent. For example, Asian-Americans/Pacific Islanders account for 0.7 percent of all AIDS cases reported through June 2000 (CDC, 2001). But for the most recent reporting year, they account for 0.9 percent (CDC, 2001).

American Indians/Alaska Natives account for 0.3 percent of all AIDS cases reported through June 2000. But for the most recent reporting year, they account for 0.4 percent (CDC, 2001). And in the 36 areas with confidential HIV reporting, American Indians/Alaska Natives account for 0.6 percent of new HIV cases through June 2000 (CDC, 2001).

Many American youth are engaging in risky activities that put them at risk for HIV/AIDS and sexually transmitted diseases, such as using alcohol and other drugs, and having unprotected sex. According to the Presidential Report on Youth and HIV/AIDS 2000: A New American Agenda, there are still large numbers of minority youth who are aware of the dangers of participating in unprotected sex puts them at risk for HIV, yet they take no precautions (White House, 2000). Messages about the health risks of risky behaviors exist in the environment, yet few behavior changes are evident among minority youth (White House, 2000).

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The White House. (2000) Presidential Report on Youth and HIV/AIDS 2000: A New American

Agenda.

The White House. (2001) Executive Order: Establishment of White House Office of Faith-based and Community Initiatives, January 29, 2001.

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Appendix B: CSAP GPRA Client Outcome Measures:
Adult Form
Youth Form

**CSAP GPRA Client Outcome
Measures for Discretionary Programs**

ADULT FORM

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved
OMB No. 0930-0208
Expiration Date: 10/31/2002

Client ID

Contract/Grant ID | | | | | | | | | |

Interview Date |__|_|_| / |__|_|_| / |__|_|_|

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

2. Are you Hispanic or Latino?
☐ Yes ☐ No

4. What is your date of birth _____ / _____ / _____
Month / Day / Year

DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:

Number of Days

- | | |
|--|-------|
| a. Any alcohol | _ _ _ |
| b. Alcohol to intoxication (5+drinks in one setting) | _ _ _ |
| c. Other illegal drugs | _ _ _ |

2. During the past 30 days how many day have you used any of the following:

Number of Days

- | | |
|---|-------|
| a. Cocaine/Crack | _ _ _ |
| b. Marijuana/Hashish, Pot | _ _ _ |
| c. Heroin or other opiates | _ _ _ |
| d. Non prescription methadone | _ _ _ |
| e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline | _ _ _ |
| f. Methamphetamine or other amphetamines, Uppers | _ _ _ |
| g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics | _ _ _ |
| h. Inhalants, poppers, rush, whippets | _ _ _ |
| i. Other Drugs--Specify_____ | _ _ _ |

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today.

During the past 30 days, have you smoked part or all of a cigarette?

☐ Yes ☐ No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?

_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today.

During the past 30 days, have you used snuff, even once?

☐ Yes ☐ No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today.

During the past 30 days, have you smoked part or all of any type of cigar?

☐ Yes ☐ No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?

☐ Yes ☐ No

8. How old were you the first time you smoked part or all of a cigarette?

_____ years old

If never smoked all or part of a cigarette please mark the box 9

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE: _____

If never had a drink of an alcoholic beverage please mark the box 9

10. How old were you the first time you used marijuana or hashish?

AGE: _____

If never used marijuana or hashish please mark the box 9

11. How old were you the first time you used any other illegal drugs?

AGE: _____

If never used illegal drugs please mark the box 9

ATTITUDES AND BELIEFS

5. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

6. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

- 7. How much do people risk harming themselves physically and in other ways when they:**
- a. Have four or five drinks of an alcoholic beverage nearly every day?**
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
- b. Have five or more drinks of an alcoholic beverage once or twice a week?**
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
- 8. How do you feel about adults smoking one or more packs of cigarettes per day?**
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
- 9. How do you feel about adults trying marijuana or hashish one or twice?**
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
- 10. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?**
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
- 11. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?**
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove

EDUCATION, EMPLOYMENT, AND INCOME

- 1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]**
- ____|____| level in years
- 1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?**
- ☐ Yes
 - ☐ No

**CSAP GPRA Client Outcome
Measures for Discretionary Programs**

**YOUTH FORM
(Ages 12 years old and over)**

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved
OMB No. 0930-0208
Expiration Date: 10/31/2002

RECORD MANAGEMENT

Client ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Contract/Grant ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Grant Year |_|_|_|
 Year

Interview Date |_|_|_|_| / |_|_|_|_| / |_|_|_|_|

Interview Type 1. PRETEST 2. POST-TEST
 3. 6 MONTH FOLLOW-UP 4. 12 MONTH FOLLOW-UP

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ☐ Male
☐ Female
☐ Other (please specify) _____

2. Are you Hispanic or Latino?

- ☐ Yes ☐ No

3. What is your race?

- | | |
|--|---|
| <input type="radio"/> Black or African American | <input type="radio"/> Alaska Native |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> American Indian | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Native Hawaiian or other
Pacific Islander | |

4. What is your date of birth

|_|_|_|_| / |_|_|_|_| / |_|_|_|_|
Month / Day / Year

DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:
- | | Number of Days |
|--|----------------|
| a. Any alcohol | ____ |
| b. Alcohol to intoxication (5+drinks in one setting) | ____ |
| c. Other illegal drugs | ____ |

2. During the past 30 days how many day have you used any of the following:
- | | Number of Days |
|--|----------------|
| a. Cocaine/Crack | ____ |
| b. Marijuana/Hashish, Pot | ____ |
| c. Heroin or other opiates | ____ |
| d. Non prescription methadone | ____ |
| e. PCP or other hallucinogens/ psychedelics, LSD,
Mushrooms,
Mescaline | ____ |
| f. Methamphetamine or other amphetamines, Uppers | ____ |
| g. Benzodiazepines, barbiturates, other tranquilizers,
Downers, sedatives, or hypnotics | ____ |
| h. Inhalants, poppers, rush, whippets | ____ |
| i. Other Drugs--Specify _____ | ____ |

- C** Now think about the past 30 days-That is from *DATEFILL* up to and including today.
During the past 30 days, have you smoked part or all of a cigarette?
☐ Yes ☐ No

- C** During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
_____ # of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today.
During the past 30 days, have you used snuff, even once?
☐ Yes ☐ No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today.
During the past 30 days, have you smoked part or all of any type of cigar?
☐ Yes ☐ No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?

☐ Yes ☐ No

8. On how many occasions (if any) have you had alcohol to drink-more than just a few sips?

☐ Never
☐ 1-2
☐ 3-5
☐ 6-9
☐ 10-19
☐ 20-39
☐ 40 or more

9. How old were you the first time you smoked part or all of a cigarette?

_____ years old

If never smoked part or all of a cigarette please mark the box 9

10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE: _____

If never had a drink of an alcoholic beverage please mark the box 9

11. How old were you the first time you used marijuana or hashish?

AGE: _____

If never used marijuana or hashish please mark the box 9

12. How old were you the first time you used any other illegal drugs?

AGE: _____

If never used any illegal drugs please mark the box 9

FAMILY AND LIVING CONDITIONS

1. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

☐ Not at all
☐ Somewhat
☐ Considerably
☐ Extremely

2. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?
- ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
3. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?
- ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
-

ATTITUDES AND BELIEFS

1. It is clear to my friends that I am committed to living a drug-free life.
- ☐ False
 - ☐ Maybe
 - ☐ True
2. I have made a final decision to stay away from marijuana.
- ☐ False
 - ☐ Maybe
 - ☐ True
3. I have decided that I will smoke cigarettes.
- ☐ False
 - ☐ Maybe
 - ☐ True
4. I plan to get drunk sometime in the next year.
- ☐ False
 - ☐ Maybe
 - ☐ True
5. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar

6. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month or more?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
7. How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
8. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage nearly everyday?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
9. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage once or twice a week?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
11. How wrong do you think it is for someone your age to smoke cigarettes?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all

12. How wrong do you think it is for someone your age to smoke marijuana?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|__| |__| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- ☐ Yes ☐ No

Appendix C: Minority SAP and HIV Prevention Initiative Selection Form ***This form should be included as **Appendix 1** of your application***

Name of Project Director/Principal Investigator:_____

Name of Applicant Organization:_____

Please indicate under which Initiative you are applying (see descriptions of Initiatives on pages 3-4 of the Guidance for Applicants):

Initiative 1: Grants to Plan for the Establishment of New SAP and HIVP Services

(Maximum grant of \$75,000 - \$100,000 in total costs (direct and indirect) for 1 year)

Amount of request: \$_____

Initiative 2: Cooperative Agreements to Expand Current Service Delivery Systems to Include Substance Abuse Prevention, HIV Prevention, and Primary Health Care Services

(Maximum grant of \$300,000 - \$500,000 in total costs (direct and indirect) per year for 1, 2, or 3 years)

Amount of request for Year 1: \$_____

Estimated project period: 1 year:_____
 2 years:_____
 3 years:_____

Initiative 3: Cooperative Agreements to Youth-Serving Organizations to Integrate Substance Abuse Prevention and HIV Prevention

(Maximum grant of \$250,000 - \$300,000 in total costs (direct and indirect) per year for 1, 2, or 3 years)

Amount of request for Year 1: \$_____

Estimated project period: 1 year:_____
 2 years:_____
 3 years:_____

Appendix D: Projected Population Profile

Estimated Number Eligible _____ (The number at risk or needing services)

Estimated Number Eligible:

Race/Ethnicity	Number # Eligible
Alaska Native	
Africa American (not Hispanic)	
Asian American	
Hispanic/Latino	
American Indian	
Native Hawaiians & other Pacific Islanders	
White (not Hispanic)	

Projected Number to be Served _____ (The number of persons receiving the service/program)

Projected Target Population to be Served:

		Age		0 - 5		6 - 11		12 - 17		18 - 20		21 - 25		26 - 34		35 - 60		60 +	
Race/Ethnicity	Gender	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alaska Native																			
African American (not Hispanic)																			
Asian American																			
Chinese																			
Japanese																			
Korean																			
Hispanic/Latino																			
Cuban																			
Mexican																			
Puerto Rican																			
So. & Cen. American																			
American Indian																			
Native Hawaiians & other Pacific Islanders																			
White (not-Hispanic)																			